COMMANDER'S DIGEST

How CHAMPUS Serves The Armed Forces —pg. 2

MAY 24, 1973

CHAMPUS CHAMPUS CHAMPUS CHAMPUS

CHAMPUS BENEFIT CHART —pg. 8

Supplemental Benefit

CHAMPUS: Highest Quality Medical Care

Dependents of active duty members of the Armed Forces, retired members and their dependents, and surviving dependents of deceased active or retired members have the benefit of one of the best health care programs operating in the United States.

In its entirety, it is called the Uniformed Services Health Benefits Program (USHBP). The program provides for health care through both Uniformed Services medical facilities and civilian medical facilities.

This issue of COMMANDERS DIGEST is devoted primarily to the civilian-care portion of the program, which is called the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

Benefits in Uniformed Services facilities are outlined in this issue beginning on page 6.

★ ★ ★ ★

Civilian medical care for military dependents is no "newfangled" idea recently thrust upon the military establishment.

The need to provide dependent care in civilian facilities in order to stretch the capabilities of military hospitals and outpatient facilities has long been recognized. In fact, the extensive medical benefits now available through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) have been in the mill for perhaps 30 years.

During World War II—in 1943—the Congress passed legislation providing maternity and infant care in civilian facilities for some military dependents. At that time, more than 10 million Americans were in uniform. Military medical facilities could hardly spread themselves over the needs of those in uniform, much less meet the needs of all of their wives, children, and dependent parents.

With the postwar demobilization, the number of military dependents shrank to a level that could again be reasonably accommodated in military facilities. Authorization for care in civilian facilities was terminated in 1949.

Only a year later, however, the onset of the Korean War again imposed such strains on the military medical establishment that once again medical care for dependents could be provided only at a reduced level.

Both the Uniformed Services and the Congress recognized that health care for dependents had to be made more readily available. They acknowledged that military facilities lacked the capability to provide complete care for all dependents who came to them for treatment. They also recognized that many dependents simply lived so far from military hospitals, clinics, and dispensaries that depending on these facilities for medical care was not practical.

Thus, in 1956, the Dependents' Medical Care Act became law. It authorized the relatively limited program of dependent care in civilian medical facilities from which current benefits under CHAMPUS have developed.

During calendar year 1972, more than one million different beneficiaries made use of CHAMPUS.

CHAMPUS is the program that allows dependents of active duty members, retired Uniformed Services members and their dependents, and the survivors of active duty or retired Uniformed Services members to use civilian medical facilities and personnel and have the Government share the cost of the care and treatment received. [The seven Uniformed Services are the Army, Navy, Air Force, Marine Corps, and Coast Guard and the Commissioned Corps of the Public Health Service and of the National Oceanic and Atmospheric Administration.]

Earlier this year, according to CHAMPUS officials, the prediction could be made that half a billion dollars would be spent under the program during the next year to provide health care to authorized CHAMPUS beneficiaries.

GOVERNMENT SHARES COST

Another way of illustrating the potential value of the program to Uniformed Services families is relating today's average medical care costs, as they affect all U. S. families, to the cost-sharing advantages of CHAMPUS. Last year, Americans spent more than $83 billion on health, double the amount of 6 years ago. Since 1960, the cost of a day in a hospital has gone up about 200 percent to around $90 on the average. In large cities the charge may run up to 50 percent higher.

The beneficiary-Government cost-sharing provisions of CHAMPUS are as good as or better than those of most health care plans available to Americans. These basic cost-sharing provisions—as they apply to the dependents of active duty members and to other beneficiaries (retired members, their dependents, and survivors of active or retired members)—are augmented by other CHAMPUS provisions allowing the Government's cost-sharing portion of costs to be even larger in certain cases where the outpatient and inpatient care are related. For example, outpatient care received for a condition requiring hospitalization can be cost-shared as inpatient care when the outpatient care is received within 30 days before or 120 days after the care in the inpatient facility. Another similar provision allows all outpatient care connected with a pregnancy to be cost-shared as inpatient care when hospitalization (including delivery) is part of the medical management of the pregnancy.

With the national average per-day cost for hospitalization now running about $90—and running as much as 50 percent higher in some large cities—it is easy to see that most any hospital confinement, plus the related costs of attending physicians and other professionals not paid by the hospital, will result in total charges of many hundreds of dollars.

The variety of life-saving and highly specialized treatment and diagnostic equipment available in hospitals today—plus the range of highly trained medical and allied sciences specialists available to utilize modern facilities for inpatient care—means that the total cost of even a brief confinement for some of the more serious medical conditions can easily run into the thousands of dollars.

Most American families, including those comprising the military community, would find it difficult or impossible to cover through available or readily accessible personal assets the total cost of either a simple or complex illness requiring hospitalization. Clearly, today few American families can afford not to be protected by some health insurance plan. CHAMPUS is the program that provides this protection to military families when they need it for treatment in civilian facilities or from other civilian providers of medical care.

Examples of Potential Monetary Value of CHAMPUS Coverage

To illustrate the potential monetary worth of CHAMPUS to a dependent of an active duty member, take a 7-day hospital stay.

At the $90 average cost for a day in the hospital, the hospital charge would be $630. Say the combined fees of the surgeon for the operation, the family's regular physician, and a professional anesthetist not paid by the hospital totaled $450 for their services. Hospital charges plus attending professional services in this example would total $1080.

That is the out-of-pocket amount the active duty family might expect if the dependent could not get space-available care when needed in a Service hospital and did not have CHAMPUS or other hospital coverage. With CHAMPUS, the family would pay only $25 ($1.75 a day or $25, whichever is larger) of reasonable charges made by the hospital and by professional personnel. CHAMPUS also would pay the reasonable charges of any outpatient treatment or care the dependent received for the same condition within 30 days prior to hospitalization or 120 days after hospitalization.

In large cities the average cost of a day in the hospital can run as much as 50 percent higher than the $90 national average. Professional fees in these areas are usually comparably higher. So, in some areas the $1080 hospital and professional services cost could be about $1,600. The active duty family would still pay only $25 of the total of the reasonable charges by the hospital and the reasonable charges of professional personnel.

Taking the same situation as it would apply to a retiree, a retiree's dependent, or a member of a survivor family, out-of-pocket money for the hospital stay and professional services related to it would still be much less than the $1080. With this beneficiary's cost-share being 25 percent of reasonable hospital charges and 25 percent of the reasonable charges of professional personnel, the retired or survivor family would bear an out-of-pocket expense of about $270 because of CHAMPUS coverage. This is only one-fourth of the full $1080.

If the metro area costs of around $1,600 were encountered, the retired or survivor family would bear, under CHAMPUS' cost-sharing provisions, about $400 of the charges instead of the full $1,600 because CHAMPUS is available to these, as well as active duty, families.

Bases Provide CHAMPUS Counseling

Information, Awareness Keys to Program

Despite all of the potential benefits available through CHAMPUS, the program is still not well enough understood within the military community it is designed to serve. Significant progress has been made in "spreading the word" during the past few years, but greater awareness and understanding are still needed.

Information programs have been underway at all command levels, including local installations and hospitals, and there is now a far greater general awareness of the program than was judged to exist three or so years ago. More information has been made available to potential users of CHAMPUS and to the medical profession and the fiscal administrators, which disburse the Government's share of costs to beneficiaries or direct to providers of care, as appropriate.

One of the most comprehensive and effective programs of benefit particularly to CHAMPUS users has been the improvement in counseling resources available to them at local level, that is, at hospitals, installations, and designated area commands readily accessible to most potential beneficiaries of the program.

The additional counseling resources are provided through a network of CHAMPUS Advisors or Health Benefits Counselors for each of the Military Services. Continuing information goes to these individuals through newsletters, news releases, policy memoranda, and other media. In addition, workshop seminars and other information-building sessions are conducted for persons assigned in these positions throughout the United States and overseas.

These networks of CHAMPUS Advisors and Health Benefits Counselors mean that most military families using or expecting to use CHAMPUS have a people-to-people counseling service nearby—a medical specialist particularly knowledgeable about the program with whom they can discuss their specific CHAMPUS problems or medical care situations. Equally important, these counselors can advise the military family when needed care can best be obtained through military medical facilties and when it can best be obtained from civilian sources through CHAMPUS. They can be of special assistance to families in resolving the non-routine medical problems, such as getting a long-term program of treatment authorized and set up or locating sources of care for rare or complex medical conditions.

Despite such efforts as these, CHAMPUS officials say that many military families still are not aware of how to make use of CHAMPUS benefits if they need them. Some of this unawareness comes, of course, from the fact that many potential CHAMPUS beneficiaries have no immediate need for the program and consequently do not recognize the advantages of absorbing—at least at a broad, general level—information made available to them.

In other cases, because they are unaware of CHAMPUS, some military families simply go ahead and pay on their own when they receive bills from civilian physicians, hospitals, and other providers of care. In all cases this is costly to the Service family.

What stateside families should do, CHAMPUS officials stress, is complete a claim form and forward the bills to the fiscal agent for the State in which the care was received. These fiscal agents are third-party paying organizations, such as Blue Cross, Blue Shield, and Mutual of Omaha, that process claims on behalf of the Government.

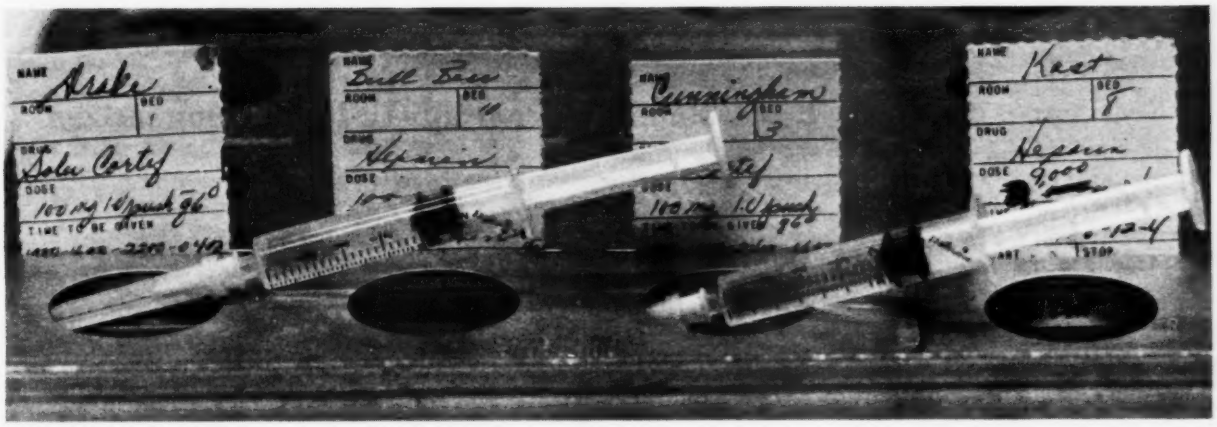
• CHAMPUS Advisors and
• Health Benefits Counselors at military installations worldwide (including the installation of any Service nearest the Serviceman's family while he is overseas) assist in solving specific problems and help sponsors and beneficiaries get the health benefits information they need.

The CHAMPUS Advisor or Health Benefits Counselor at the military installation most convenient to the military family can provide copies of the claim form and the address of the appropriate fiscal agent. Too, most CHAMPUS beneficiary pamphlets contain a list of these agents by State served and their mailing addresses.

The other problem is lack of understanding of the mechanics of the program among beneficiaries who are taking advantage of its benefits. Since both their health and their pocketbooks are involved, these beneficiaries are, of course, more highly motivated to learn than members of military families who have not yet needed to use CHAMPUS or who are still unaware of the program.

Many users of CHAMPUS have learned much about the program and are using it appropriately and effectively. Others still need more information and assistance. Most military families who are already using CHAMPUS are eager to get all of the information that can be made available to them.

There is still much progress to be made. It can best be made when commanders at all levels actively assist CHAMPUS Advisors and Health Benefits Counselors—as well as other personal affairs elements of their commands—to build greater user-awareness of CHAMPUS, its potential benefits, and how best to obtain these benefits. Military members—present and former—can also assist in this progress by reading CHAMPUS materials prepared for them, seeing that this information is passed on to appropriate family members, and taking advantage of other CHAMPUS assistance and counselling available to them.



Sponsors, CHAMPUS Users Asked to Help

Two areas of beneficiary participation in CHAMPUS are critical to the proper and prompt flow of the mechanics of the program. These are accurate completion of the claim form and frequent submission of claims for reimbursement when charges by civilian providers of care have been paid in full by a CHAMPUS user.

CHAMPUS fiscal administrators must reject thousands of claims each month simply because the form (DA Form 1863-2) is improperly completed. Errors most frequently occur in item 5, which requires beneficiary identification card data, and in item 13, the portion of the form requiring the signature of the beneficiary or the authorized representative.

When a claim form is properly completed the first time, the CHAMPUS fiscal administrator can process the claim promptly and accurately and avoid delays in payment. The importance of the beneficiary doing his part toward the smooth flow of the payment-process through carefully following the instructions on the reverse side of the claim form cannot be overemphasized.

CHAMPUS officials encourage beneficiaries to submit their claims for payment of authorized outpatient care bills to the appropriate State fiscal administrators, as soon as the annual deductible has been satisfied or even earlier. CHAMPUS officials say those beneficiaries who pay their medical and pharmacy bills directly to the provider of care should send the receipts or itemized statements to the fiscal administrator as soon as the value of the receipts and statements exceeds $25 to $30. The annual outpatient deductible requirement is $50 in charges for one beneficiary or a family maximum of $100 when two or more beneficiaries are involved.

One advantage of submitting claims promptly is that the claims officer can then issue the beneficiary the appropriate deductible certificate, which is then available for use in properly filing claims covering authorized outpatient care during the remainder of that fiscal year.

By taking a little time to understand the mechanics of CHAMPUS, beneficiaries can help both themselves and the program. Particularly important is knowing how to complete the claims form properly, when to submit claims, and how both of these factors can facilitate the processing of the claim. Such understanding drastically reduces unnecessary rejection or return of a claim form and speeds the beneficiary's money back to him or speeds the Government's share of reasonable charges for authorized care direct to a provider of that care.

Check with the Military Medical Facility First—Nonavailability Statements

When an active duty family residing with a sponsor lives within 30 miles of a military medical facility, with capability for inpatient care for dependents prior coordination with that facility is required to assure that needed inpatient care is not available at that facility.

In this case, "inpatient care" includes a pregnancy, which requires coordination with the military medical facility before outpatient care for management of the pregnancy by a civilian provider of care commences.

To accomplish this necessary coordination, the dependent or sponsor should check with the military medical facility nearest to where the family resides. In this way the family will know in advance whether a nonavailability statement will be required and whether one can be obtained prior to utilizing CHAMPUS.

COMMANDER'S DIGEST

Vol. 13, No. 29; May 24, 1973

A publication of the Department of Defense to provide official and professional information to commanders and key personnel on matters related to Defense policies, programs and interests, and to create better understanding and teamwork within the Department of Defense.

Published weekly by the American Forces Press Service, 1117 N. 19th St., Arlington, Va. 22209, a unified activity of the Office of Information for the Armed Forces, OASD (M&RA). Reproduction of content is authorized.

Telephone: (202) OXford 4-4912
Autovon 224-4912

Cover photos (upper) by Fitzsimmons General Hospital and (lower) by PHC Chip Maury, USN. All additional illustrative material in this issue is from other official DoD sources.

Uniformed Services Health Benefits Program (USHBP) Summarized

BENEFITS IN UNIFORMED SERVICES FACILITIES

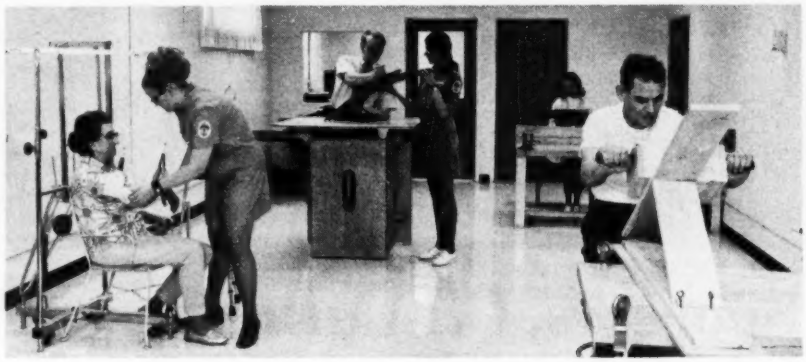
A wide variety of medical services are available to USHBP beneficiaries at medical facilities of the Military Services and selected PHS facilities. The retired member himself is eligible for any health care available to an active duty member, except that the law says that some members retired for physical disability who are suffering from chronic conditions must get their care for that condition at the Veterans Administration (VA). The Services can provide care for other conditions or for acute phases of the chronic condition if VA facilities aren't readily available. The USHBP regulations generally are not applicable to retired members' care in Uniformed Services facilities so that the material below, with the exception of the limitations, applies only to dependents and survivors.

Since the USHBP is not a dental program, dental care is somewhat limited. As authorized by law, dental care includes: routine care outside the U. S. and at designated stations inside the U. S.; emergency care worldwide; care adjunctive to medical care; diagnostic X-rays; and consultation services.

The law intends that none of these health benefits be permitted to interfere with the primary mission of the medical facility. The law says that all benefits must be subject to the availability of space and facilities and the capabilities of the professional staff. The medical or dental officers in charge of facilities are authorized to determine the facilities' capability to provide care and their decisions are final. The amount and type of care available may vary from facility to facility.

The following are specifically excluded by law:

- Domiciliary or custodial care.
- Prosthetic devices, hearing aids, orthopedic footwear, and spectacles (except that outside the U. S. and at stations inside the U. S. where adequate civilian facilities are unavailable, such items may be sold to dependents at cost to the Government).
- Dental care except as shown above.



BENEFITS under the CHAMPUS Program for the Handicapped have been authorized by Congress to help eligible handicapped or retarded persons overcome or adjust to their conditions.

BENEFITS UNDER CHAMPUS HANDICAPPED PROGRAM

Benefits under this program are in addition to those available under the CHAMPUS Basic Program. They have been authorized by Congress to help a handicapped or retarded person overcome or adjust to his condition.

Benefits in general are provided only after a management plan has been submitted to the appropriate CHAMPUS administrator: OCHAMPUS (Denver); OCHAMPUSEUR for Europe, Africa, and the Middle East; or the proper major U.S. Commander in other overseas areas. Any CHAMPUS Advisor or Health Benefits Counselor can provide information and assistance on the submission of requests for approval of management plans.

The services authorized are, but not limited to:

- Diagnosis.
- Inpatient, outpatient, and home care.
- Surgery and medical care.
- Dental care, including orthodontia needed to correct handicapping conditions. The orthodontic condition itself can be the handicap.
- Prosthetic devices and orthopedic appliances.
- Special optical devices.
- Purchase or rental of durable equipment such as wheelchair, iron lung, hospital bed, etc.
- Training, rehabilitation, and special education.
- Institutional residential care in private nonprofit, public, and state institutions and facilities.
- Transportation to and from facilities in which the dependent is to receive or has received institutional care.

BENEFITS UNDER CHAMPUS BASIC PROGRAM USING CIVILIAN FACILITIES

Any procedure or type of care which is generally accepted as being part of good medical practice, other than one excluded by law, is an authorized CHAMPUS benefit under the basic program.

EXCLUDED by law are:

- Domiciliary or custodial care.
- Physical examinations and immunizations not for diagnostic or treatment purposes (except immunizations are authorized for dependents of active duty members who travel under orders outside the United States as a result of the member's duty assignment).
- Routine well-baby care, except inpatient care of the newborn.
- Spectacles or examinations for correction of ordinary refractive error.

DRUGS are covered by CHAMPUS if administered by a civilian inpatient facility or physician or procured from a pharmacy on a physician's prescription.

• Prosthetic devices other than artificial eyes, limbs, and some dental prostheses.

• Dental care except as authorized below.

REMEMBER the basic rule and these exceptions; they present a pretty good idea of what benefits ARE authorized. However, these additional facts concerning coverage which is authorized may add to sponsor and beneficiary understanding:

• Benefits may be on an inpatient basis or outpatient basis almost anywhere.

• Treatment may be for medical and surgical conditions, for nervous, mental, and emotional disorders, or for chronic conditions or contagious diseases.

• Medical services may be provided by a civilian physician or by other medically related specialists (nurses, physical therapists, etc.) when ordered by a physician. Optometrists and psychologists may provide care within the scope of their licenses without being ordered by a physician. "Physician" includes doctors of medicine, osteopathy, dental surgery, dental medicine, and surgical chiropody.

• All necessary supplies ordered by a physician are authorized, including orthopedic braces (but not orthopedic shoes), crutches, and artificial limbs and eyes.

• Drugs are covered if administered by a civilian inpatient facility or physician or procured from a pharmacy on a physician's prescription. Insulin is covered without a prescription.

• Non-Government ambulance service is authorized when medically warranted.

• Family planning is authorized, including medical supplies, surgical procedures, sterilizations and abortions, counseling, prescription drugs, and prescribed supplies.

• Dental care, including restorative dentistry and dental prosthetic devices, required as necessary adjunct to medical or surgical treatment of a primary condition other than dental is authorized.

• Rental of durable equipment such as wheelchairs or hospital beds is authorized. But before rental of equipment, inquiry should be made of Service hospitals for loan without cost, or a CHAMPUS Advisor or Health Benefits Counselor may be asked about other non-cost availability.

• There are also Christian Science benefits—in a certified Christian Science sanatorium, or outside from Christian Science approved practitioners and nurses.

WHERE TO GET MORE DETAILED INFORMATION

1. The CHAMPUS Advisor or Health Benefits Counselor at any Uniformed Services medical facility.
2. The medical office or facility of any Uniformed Service installation, particularly the military activity nearest where the family resides.
3. The Surgeon General of the appropriate Military Service.
4. OCHAMPUS, Denver, Colorado 80240.
5. OCHAMPUSEUR, U. S. Army Medical Command, Europe, APO New York 09403 (for countries in Africa and the Middle East as well as those in US European Command).
6. A convenient major overseas commander, except in US European Command, Africa, or the Middle East.

RENTAL of durable equipment may be authorized by CHAMPUS, but inquiry should be made of Service hospitals—or other non-cost sources—for loan of such equipment.

Uniformed Services Health Benefits Progran

A PROGRAM OF HEALTH BENEFITS FOR THE SERVICE FAMILY

• **At UNIFORMED SERVICES FACILITIES:** These are facilities of the Army, Navy, Air Force (hospitals, dispensaries, etc.) and selected Public Health Service (PHS) facilities.

• **Or under CHAMPUS,** the Civil formed Services: This program wil benefits to authorized dependents clinics, and for civilian doctor or sp

PERSONS ELIGIBLE		UNIFORMED SERVICES FACILITIES	CHAMPUS PROGRAM	
			BASIC PROGRAM	
		INPATIENT/OUTPATIENT BENEFITS	INPATIENT BENEFITS	OUTPATI BENEFI
ACTIVE DUTY (Note 1)	Spouse, dependent children residing with active duty member	Yes (Note 3)	Maybe* (Notes 4, 8)	Yes*
	Spouse, dependent children not residing with active duty member	Yes (Note 3)	Yes* (Note 8)	Yes*
	Dependent parent or parent-in-law of active duty member	Yes (Note 3)	No	No
RETIRED (Note 2)	Retired member currently entitled to retired, retainer or equivalent pay	Yes (Note 3)	Yes, until age 65 —possibly after* (Notes 5, 8)	Yes, until ag —possibly a (Note 5)
	Spouse, dependent children of retired member	Yes (Note 3)	Yes, until age 65 —possibly after* (Notes 5, 8)	Yes, until ag —possibly a (Note 5)
	Dependent parent or parent-in-law of retired member	Yes (Note 3)	No	No
SURVIVORS	Widow, widower, dependent child of deceased active duty or deceased retired member	Yes (Note 3)	Yes, until age 65 —possibly after* (Notes 5, 8)	Yes, until ag —possibly a (Note 5)
	Dependent parent or parent-in-law of deceased active duty or deceased retired member	Yes (Note 3)	No	No

COST TO PATIENT		INPATIENT	OUTPATIENT	INPATIENT	OUTPATI
	Dependents of active duty members	$1.75 per day	No charge	Patient's share is $25, or $1.75 per day, whichever is greater (Note 7)	First $50 inc each fiscal ye (not to excee $100 per fam plus 20% of sonable charg excess of the ductible (Not
	Retired member:—Enlisted —Officer	No charge Subsistence	No charge No charge	25% of facility charges and professional fees (Note 7)	First $50 inc each fiscal ye (not to excee $100 per fam plus 25% of sonable char excess of the ductible (Not
	Dependents of retired member	$1.75 per day	No charge		
	Survivors	$1.75 per day	No charge		

am (USHBP)

LY

Civilian Health and Medical Program of the Uni-
n will share the cost for treatment and other health
ents and retired members at civilian hospitals and
or specialist care.

RAM UTILIZING CIVILIAN FACILITIES	
M	HANDICAPPED PROGRAM
PATIENT NEFITS	
	Yes* (Note 9)
	Yes* (Note 9)
	No
til age 65 bly after*)	No
til age 65 bly after*)	No
	No
til age 65 bly after*)	No
	No
PATIENT	HANDICAPPED
0 incurred cal year exceed r family) % of rea- charges in f the de- (Note 6)	Beneficiary's share per month varies according to pay grade from $25 for E-1 to $250 for 0-10. Government pays remainder up to maximum of $350 per month
0 incurred cal year exceed r family) % of rea- charges in f the de- (Note 6)	

Notes To Adjacent Table

1. Active duty member—a person ordered to active duty (including training duty) for period not specified as 30 days or less.
2. Retired member—a member or former member currently entitled to retired, retainer, or equivalent pay.
3. Subject to availability of space and facilities and the capability of the professional staff.
4. Inpatient benefits under CHAMPUS are not always authorized. There are situations when CHAMPUS is authorized, such as a medical emergency, the temporary absence of the dependent on a trip, the nonavailability of an appropriate Uniformed Service medical facility and other similar situations which constitute exceptions. Before obtaining care at a civilian facility or when pregnancy is involved, check with a Uniformed Service facility to see whether there will be CHAMPUS coverage.
5. Most beneficiaries will become eligible for Social Security Medicare benefits at age 65 and lose their CHAMPUS eligibility. If not eligible for Medicare hospital benefits and evidence to this effect is submitted, beneficiary can retain CHAMPUS coverage.
6. The fiscal year extends from July 1 through June 30.
7. When outpatient care is directly related to the condition for which patient is hospitalized, it will be considered inpatient care in determining cost-sharing in the following:

   (1) Pregnancy. All care except prescription drugs obtained by the patient related to the pregnancy, when the maternity patient is hospitalized for proper management of the pregnancy, including complications thereof. All hospital admissions for the pregnancy are considered one admission.

   (2) All other conditions. Outpatient care provided within 30 days before and 120 days after hospitalization.

   ALSO, successive admissions to a hospital for similarly recurring or same condition are considered one admission if no more than 30 days elapse between admissions.
8. Beneficiaries who require continuous inpatient care in excess of 90 days must have a management plan approved by the appropriate office: OCHAMPUS (Denver); OCHAMPUSEUR for Europe, Africa, and the Middle East; or the proper major U.S. commander in other overseas areas.
9. Seriously physically handicapped and moderately or severely retarded spouses and children only.

NOTE:

* Eligibility may be affected by new eligibility and benefits under Medicare effective July 1, 1973. This matter will be clarified through subsequent CHAMPUS information.

What Commanders Should Know About CHAMPUS

The CHAMPUS program covers a host of medical services. Following is a brief description, for military commanders, of some important, sometimes little understood, services and policies.

* * * * *

Cosmetic and Plastic Surgery

Cosmetic and plastic surgery procedures (that are intended to or are incidental to other procedures that are intended to improve abnormal bodily functions or relieve pain) are authorized under CHAMPUS when performed by a qualified practitioner.

Cosmetic and plastic surgery procedures that are performed solely for the purpose of changing or improving the appearance or form of the individual will only be authorized when competent professional authority has determined that the accomplishment of the procedure is essential to the physical or mental health of the patient.

The latter procedures must be approved in writing by the State fiscal administrator prior to their accomplishment. However, requests for approval may be considered on a retroactive basis in order to avoid undue hardship in a particular case.

CHAMPUS Program for the Handicapped

A CHAMPUS benefit not usually available through Uniformed Services facilities—and rarely available under other cost-sharing medical plans—is the CHAMPUS Program for the Handicapped.

The program provides a variety of specialized services for the treatment and care of active duty dependents who are moderately to severely mentally retarded or seriously physically handicapped.

Among services authorized when they are required are residential and institutional care, transportation, vocational and rehabilitative services, special education and special equipment.

Care under this program requires prior approval. Such approval comes from OCHAMPUS (Denver), O-CHAMPUSEUR or the designated major overseas commander, depending on the locale in which the care is to be received. Any CHAMPUS Advisor or Health Benefits Counselor can provide detailed information about health conditions to which this program applies and can assist an active duty family in seeking approval needed.

The cost-sharing formula for the Program for the Handicapped is different from formulas for inpatient and outpatient care under the CHAMPUS basic program. Once approval for a program of care, treatment, or training has been received, the military sponsor shares in the costs on a monthly basis according to his pay grade.

The monthly share for pay grades E-1 through E-5 is $25. At the upper end of the scale, an 0-10 pays $250 per month. The most any enlisted member has to pay is $45 per month.

The Government may then pay up to an additional $350 per month for authorized charges.

Program For Handicapped Requires Prior Approval

Increasingly, there are problems because sponsors and providers are either not aware of or disregard the requirements for prior approval for benefits under the Program for the Handicapped. An application for benefits should be submitted to OCHAMPUS in Denver or Europe or to the appropriate overseas commander. The approval (CHAMPUS Form 126) should be issued by the approving authority before arrangements are made by the sponsor to obtain services on the expectation that benefits will be available.

Failure to obtain the required approval in advance may result in serious financial hardship to the sponsor and the provider if, for any reason, benefits cannot be approved.

DA Form 1863-5

Beneficiaries are sometimes reluctant to sign the DA Form 1863-5, "Statement of Personal Injury—Possible Third Party Liability," when admitted to a civilian hospital following an accident or injury.

This is the form used to notify the appropriate claims officer of the facts

INFORMATION—The Health Resources Information Division of the Denver, Colorado, office for CHAMPUS provides Uniformed Services sponsors with computerized lists of available health facilities.

surrounding the injury which might lead to recovery of the cost of medical care provided by the Government under CHAMPUS. The form, when properly filled out, assists the claims officer in determining if a third party was at fault.

Signing this form does not waive the beneficiary's independent right to recover damages from the wrongdoer for pain and suffering or possible loss of income as a result of the injury.

When Beneficiaries Move

When beneficiaries who have satisfied the CHAMPUS outpatient deductible in one State move permanently to another State, they usually find the second State is served by a different CHAMPUS fiscal administrator. If so, the payment office in the second State will need a copy of their deductible certificate. The copy should be obtained from the fiscal administrator that issued it and forwarded with their first claim to the new fiscal administrator.

Full Information

Persons writing to OCHAMPUS should always include full information about both the sponsor and the patient. Specifically, the correspondence should include the full name and address of both the patient and sponsor, the patient's relationship to the sponsor, the sponsor's social security number, and the status of the sponsor, that is, whether on active duty or retired.

This information facilitates matching up the correspondence with previous correspondence and providing specific information on benefits available and cost-sharing provisions.

CHAMPUS' Health Resources Information Division

Uniformed Services sponsors of physically or mentally handicapped dependents and those with other health problems are making extensive use of a service provided by the Health Resources Information Division of the Denver, Colorado, office for CHAMPUS.

This division maintains a computerized listing of many types of health facilities located in the United States, Puerto Rico, Mexico and Canada. The information maintained for most of these facilities includes location, costs and services provided.

The sponsor scheduled for a change of station or relocating his family for other reasons is faced with the task of locating a suitable treatment facility for his dependents. The Health Resources Information Division is available to provide assistance in locating these facilities.

A sponsor who has a question concerning the status of a facility or whether it is an approved source of care under CHAMPUS should contact the Health Resources Information Division prior to making arrangements for long-term care. This is particularly important when dealing with long-term care facilities, psychiatric and specialized treatment facilities, and other facilities providing services to the physically handicapped and mentally retarded.

Sponsors desiring assistance are encouraged to direct inquiries to the Health Resources Information Division, O-CHAMPUS, Denver, CO 80240. Requests must include the following data on dependents: age, sex, CHAMPUS case number if applicable, diagnosis and/or description of the patient's condition, the type of treatment needed and the specific geographical area desired.

Optometrists, Psychologists

Under the CHAMPUS basic program, the services of optometrists and psychologists, when practicing within the scope of their licenses, need not be ordered by a physician.

Allied Sciences Specialists

Qualified individuals specializing in a science allied to the practice of medicine may provide authorized services under CHAMPUS, provided those services are ordered by a physician.

Persons considered to be specializing in sciences allied to medicine would include, but would not be limited to, speech therapists, speech pathologists, audiologists, remedial reading teachers, social workers, physical therapists, occupational therapists and nurses.

Nursing Services

CHAMPUS can pay when the services of a professional registered nurse, licensed practical nurse, licensed vocational nurse or technical registered nurse are needed outside an inpatient facility as well as when a beneficiary is hospitalized. The attending physician must certify that such services outside the inpatient facility are medically necessary.

Maternity Care

Under CHAMPUS, maternity care is considered to encompass the prenatal care episode, the delivery, the postnatal care episode and the treatment of complications arising out of the pregnancy. It also includes the care of the new-

NURSING SERVICES—When deemed medically necessary, CHAMPUS covers services.

born infant during the post-delivery confinement of the infant's mother.

Only Prescription Drugs

Except for insulin, plus needles and syringes, only drugs requiring a prescription are a CHAMPUS benefit. Drug items which a physician prescribes but which can be purchased over the counter are not a benefit.

Blood Transfusions

A blood transfusion, including the cost of the blood, blood plasma and blood plasma expander, is payable as a program benefit, except when the blood is donated or replaced.

Payment for blood will not be withheld pending replacement, however. In no case will a claim for the cost of blood or blood plasma be denied on the premise that replacement of the blood is the sponsor's responsibility.

Charges by Relatives

Payment may not be made under CHAMPUS for expenses which are charged by immediate relatives of the beneficiary or by members of his household.

The intent of this exclusion is to bar CHAMPUS payment for personal services that would ordinarily be furnished gratuitously because of the relationship to the provider. Payment may be made, however, for reasonable charges imposed by a provider to recover out-of-pocket expenses for covered drugs and biologicals, bandages, prosthetic devices, etc. In such cases, the charge may not exceed the provider's actual out-of-pocket costs.

"Immediate relatives" include husband/wife, natural parent/child/or sibling, adopted child or adoptive parent, stepparent, stepchild, stepbrother, or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law, and grandparent and grandchild.

Immunizations

Routine immunizations are those which are administered on a periodic or regular basis for the prevention of infectious or communicable diseases, without regard to whether the individual has been exposed. Cost of those immunizations are excluded as a CHAMPUS benefit, except in the case of dependents of active duty members who are on orders to perform travel outside the United States as a result of their sponsor's duty assignment.

Other-than-routine immunizations are those which are administered subsequent to exposure or suspected exposure or when, because of the nature of an individual's employment or living situation, there is a constant threat of exposure.

'Deductible' Procedures

Correct Paperwork Speeds Claims

The Deductible:

- It applies to the CHAMPUS outpatient program only.
- It is an initial amount the Uniformed Services family is responsible for **each fiscal year.** The family settles its obligation for this initial care directly with the provider of services.
- It amounts to $50 when **one** member of the family has received care.
- It amounts to $100 when **two or more** members of the family have received care.

The Deductible Certificate:

- It verifies that the deductible has been met.
- It should be presented to doctors and other providers of care to show them that the deductible has been met and that they can, therefore, submit claims for the Government's share of charges directly to the fiscal administrator.

To Obtain the Certificate:

- Accumulate itemized bills or receipts until they equal or exceed $50 for one patient or $100 for the family.
- Complete the first 13 items of the claim form, using a separate form for each family member receiving care.
- Submit the bills or receipts and the claim form to the fiscal administrator.

Remember

- The fiscal year is from July 1 through the following June 30, and an expense is incurred on the date the service is received.
- A physician's bill or receipt must show the patient's name, diagnosis or nature of illness or injury, the care or service provided, the date of care and the charges.
- Drug bills must show the name of the pharmacy, name of the patient, prescription number, date filled and the charges. In the case of insulin, no prescription is required, but the bill must show "insulin."
- The fiscal administrator will reimburse the beneficiary the appropriate amount for any reasonable charges for authorized care that exceed the deductible.

Immunizations which may be considered as "other-than-routine" include the following:

- Tetanus toxoid booster following injury;
- Rabies immune serum and vaccine following an animal bite of questionable animal exposure;
- Gamma globulin for individuals exposed to infectious hepatitis;
- Gamma globulin when related to pregnancy;
- Polio vaccine related to maternity care;
- Smallpox vaccine used in treatment of *Herpes Simplex;*
- Immunizing agents for infectious or communicable diseases for individuals employed in laboratories or similar settings; and
- Those immunizations, regardless of type, which are administered to beneficiaries receiving residential or inpatient care under CHAMPUS when they are considered by the attending physician to be part of the total treatment program or when, by policy, such immunizations are required as a condition to admission or continuing care.

Eye Examinations

CHAMPUS payments are authorized for eye examinations performed by an ophthalmologist or a doctor of optometry for the purpose of ruling out pathology. This is true even though the examination results in determination that no organic disease exists.

CHAMPUS will pay for eye-care for conditions that are not ordinary refractive errors. Farsightedness and nearsightedness, however, are normally considered "ordinary" refractive errors.

"Physician" Defined

As used in relationship to CHAMPUS, "physician" means a professionally qualified doctor of medicine or doctor of osteopathy who is licensed to provide the medical care for which payment is requested.

Doctors of dental surgery, doctors of dental medicine and doctors of surgical chiropody, when acting within the scope of their licenses, are deemed to be physicians.

Periods of Extended Hospitalization

Continuous hospitalization in excess of 90 days for the treatment of a chronic condition or a nervous, mental or emotional disorder must be approved by OCHAMPUS, Denver or Europe, or by the appropriate overseas commander.

Sponsor's Service Termination Date

Applications for benefits under the Program for the Handicapped must include the date the sponsor is expected to retire or complete his current term of service.

In the case of regular officers or officers in an indefinite status, this informa-

CHAMPUS Available Stateside and Overseas

Participation in CHAMPUS is not limited to the United States. Many eligible persons use it while overseas as well.

Most CHAMPUS beneficiaries are acquainted with the Office of the Civilian Health and Medical Program of the Uniformed Services in Denver, Colorado—most often called "OCHAMPUS," Denver. Under Department of Defense (DoD) direction, this agency administers and supports the program as it operates in the 50 States, Puerto Rico, Canada, and Mexico. A network of claims offices processes claims and disburses the Government's share of reasonable charges for authorized care received in these geographical areas. Military families using CHAMPUS know to send claims to these agents (or have a provider of care submit a claim to the proper office) rather than to OCHAMPUS, Denver. Address of the office serving these areas are usually included in information materials prepared by OCHAMPUS, the Services, or DoD. When questions arise on proper address, assistance can be obtained from the nearest CHAMPUS Advisor or Health Benefits Counselor.

In countries located within the U.S. European Command, Africa and the Middle East, CHAMPUS is administered through the U.S. Army Medical Command of the U.S. European Command. Military families desiring to use CHAMPUS while in one of these countries should obtain information from that headquarters and should forward claims there. The proper mailing address is OCHAMPUSEUR, USA Medical Command, APO New York 09403.

In other overseas areas, the appropriate overseas commander of the active duty, retired, or deceased member's Service is responsible for administering CHAMPUS under the guidelines he receives through his normal channels of military command. Military families should seek CHAMPUS information from the nearest U. S. military installation or mission. (See or write the military attache at the nearest U. S. embassy, for example, in areas where there is no "nearest military installation.")

PHYSICIAN—CHAMPUS defines a "physician" as a professionally qualified doctor of medicine or doctor of osteopathy who is licensed to provide the medical care for which payment is requested.

tion may be unknown and should be so stated. In all other cases, however, a date must be provided, even if the sponsor plans to re-enlist as soon as he completes his current term of service.

Domiciliary or Custodial Care

Domiciliary or custodial care is not a CHAMPUS benefit. It is defined as that type of care designed essentially to assist the individual in meeting his activities of daily living, such as help in walking and getting in or out of bed; assistance in bathing, dressing, feeding; preparation of special diets; and supervision over medication which can usually be self-administered and which does not entail or require the continuing attention of trained medical personnel.

Chronically ill patients whose conditions may be stabilized are not considered to be receiving custodial care if, to maintain their achieved stability, they require medical services such as irrigations, catheterizations, applications of dressings, administrations of medications and other treatment requiring skill in administration that can be provided adequately only by, or under the supervision of, physicians, nurses or paramedical personnel.

Insulin Injection Needs

Syringes and needles used in the injection of insulin are benefits under CHAMPUS. The needles and syringes are payable benefits under the provisions that authorize the purchase of necessary supplies ordered by a physician.

Organ Transplants

CHAMPUS will help pay for transferring major body organs between patients, such as kidney transplants, provided the recipient of the organ is a CHAMPUS beneficiary. If the recipient of the organ is not eligible for CHAMPUS, then no part of the charges are payable even though the donor is a CHAMPUS beneficiary.

Treatment of unfortunate sequelae (conditions that follow prior medical

conditions) is authorized in the case of a donor who is eligible for CHAMPUS, but it is not authorized in the case of a donor who is not a CHAMPUS beneficiary.

For billing purposes, Section I of the claim form should contain information applicable to the recipient of the organ even though the claim is filed on behalf of the donor. Assistance in filing such a claim may be obtained from a CHAMPUS advisor or health benefits counselor.

Parents and Parents-in-Law

Parents and parents-in-law are never eligible for CHAMPUS, even though they may meet certain dependency tests and be eligible for care in Uniformed Services facilities. Possession by parents and parents-in-law of an identification card erroneously denoting entitlement to CHAMPUS in no way authorizes expenditure of Government funds for civilian medical care.

Support of Renal Dialysis Patients

With the implementation of the "Medical Care Amendments of 1966" and its authorization for more liberalized benefits, CHAMPUS frequently has been confronted with requests for authorized treatment of patients having chronic kidney disease. The recommended treatment plan is to: (1) maintain the patient on in-hospital dialysis while considering a renal transplant, and; (2) the transplant having been ruled out, place the patient and a supporting family member in a training program of self dialysis treatment at home.

Benefits of CHAMPUS are extended during the hospitalization period of training for home dialysis treatment. Because of the extreme costs to the beneficiary for the purchase of dialysis equipment and long-term consumption of costly consumable supplies, the parent Military Services have purchased the equipment, placed it on loan to the beneficiary, and generally have procured and issued the consumable supplies without charge to the beneficiary.

Each case involving home dialysis care that is received by a CHAMPUS authorizing office is referred to the sponsor Service for procurement of equipment and supplies for use by the beneficiary.

During the period of home dialysis care, the beneficiary continues to receive supporting benefits from CHAMPUS, as required, in the inpatient and outpatient programs or, if qualified, in the Program for the Handicapped.

DENTIST—Doctors of dental surgery, doctors of dental medicine and doctors of surgical chiropody, when acting within the scope of their licenses, are deemed to be "physicians" by the CHAMPUS program.

Uniformed Services ID Card Establishes CHAMPUS Eligibility

Identification

As proof of eligibility for medical care from both civilian and Uniformed Services sources, a beneficiary must present a valid Uniformed Services identification card. This is the only identification needed.

The identification card for all **dependents** of active duty, retired, and deceased personnel is DD Form 1173, Uniformed Services Identification and Privilege Card.

For **retirees** it is the gray colored DD Form 2 (Ret). [For retired members of the Commissioned Corps of the Public Health Service it is the gray colored Form PHS-1866-3 (Ret).]

Cards are not usually issued to children under 10; certification and identification of such children are the responsibility of the accompanying parent, legal guardian or acting guardian. The spouse's, member's or retired member's identification card is acceptable identification for establishing eligibility of these children.

In filing a claim covering care for a child, the data from the appropriate adult's identification card should be entered as item 5 on the claim form.

Beneficiaries are responsible for obtaining their ID cards, and the Services determine eligibility and issue the cards.

Dependents of active duty personnel should apply to their sponsor's unit for cards. Other beneficiaries can obtain cards either at any nearby installation with card-issuing capability and authority or by seeking assistance from the headquarters of the appropriate Uniformed Service listed below:

Army

Commanding General
U.S. Army Reserve Components
Personnel and Administration Center
ATTN: AGUZ-RSD-SCZ
9700 Page Boulevard
St. Louis, MO 63132

National Oceanic and Atmospheric Administration

Chief, Commissioned Personnel Branch (CCI)
National Oceanic and Atmospheric Administration
Rockville, MD 20852

Air Force

Commander of the USAF Military Personnel Center (AFPMDR)
Randolph Air Force Base, TX 78148

Coast Guard

Commandant (KMA)
U.S. Coast Guard Headquarters
ATTN: STA 1-6
Washington, DC 20590

Marine Corps

Commandant of the Marine Corps (DNE)
Navy Annex—Room 4315
Washington, DC 20380

Navy

Chief, Bureau of Naval Personnel (Pers G-223)
Department of the Navy
Washington, DC 20370

Public Health Service

U.S. Public Health Service
Director of Policy Coordination
Federal Health Programs Service
Health Services & Mental Health Administration
Room 14A-27 Parklawn Building
5600 Fishers Lane
Rockville, MD 20852

A Directory of Claims Offices Supporting OCHAMPUS

ALABAMA*
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

ALASKA*
Blue Cross, Washington-Alaska Inc.
P. O. Box 327
Seattle, Washington 98111

ARIZONA*
Arizona Blue Shield Medical Service
P. O. Box 13466
Phoenix, Arizona 85002

ARKANSAS**
Arkansas Blue Cross & Blue Shield, Inc.
P. O. Box 2181
Little Rock, Arkansas 72201

CALIFORNIA*
California Blue Shield
Post Office Box 7608
San Francisco, California 94120

CANADA**
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

COLORADO*
Colorado Medical Service, Inc.
244 University Boulevard
Denver, Colorado 80206

CONNECTICUT*
Connecticut General Life Ins. Co.
Hartford, Connecticut 06115

DELAWARE*
Blue Cross & Blue Shield of Delaware Inc.
201 West 14th Street
Wilmington, Delaware 19899

DISTRICT OF COLUMBIA*
(Includes Prince George & Montgomery Counties of Maryland, Arlington & Fairfax Counties of Virginia, & the Cities of Alexandria & Falls Church, Va.)
Medical Service of the Dist. of Columbia
550 - 12th Street, S. W.
Washington, D. C. 20024

FLORIDA**
Blue Shield of Florida, Inc.
P. O. Box 2170
Jacksonville, Florida 32203

GEORGIA**
Medical Association of Georgia
938 Peachtree Street, N. E.
Atlanta, Georgia 30309

HAWAII*
Hawaii Medical Service Association
P. O. Box 860
Honolulu, Hawaii 96808

IDAHO*
North Idaho District
Medical Service Bureau, Inc.
P. O. Box 1106
Lewiston, Idaho 83501

ILLINOIS**
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

*Hospital claims handled through local Blue Cross offices.
**Hospital claims handled by Mutual of Omaha.

INDIANA**
Indiana State Medical Association
3935 North Meridian Street
Indianapolis, Indiana 46208

IOWA**
Iowa Medical Service
Liberty Building
Des Moines, Iowa 50309

KANSAS**
Kansas Blue Shield
1133 Topeka Avenue
Topeka, Kansas 66601

KENTUCKY*
Kentucky Physicians' Mutual, Inc.
3101 Bardstown Road
Louisville, Kentucky 40205

LOUISIANA**
Continental Service Life and Health Insurance Company
P. O. Box 3397
Baton Rouge, Louisiana 70821

MAINE*
Associated Hospital Service of Maine
509 Forest Avenue
Portland, Maine 04101

MARYLAND*
(Excludes Prince George & Montgomery Counties, which are served by the fiscal agent for District of Columbia)
Maryland Blue Shield, Inc.
700 East Joppa Road
Towson, Maryland 21204

MASSACHUSETTS*
Massachusetts Blue Shield, Inc and Massachusetts Blue Cross, Inc.
P. O. Box 2194
Boston, Massachusetts 02106

MEXICO**
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

MICHIGAN*
Michigan Medical Service
600 East Lafayette
Detroit, Michigan 48226

MINNESOTA**
Minnesota Medical Service, Inc.
2344 Nicollett Avenue
Minneapolis, Minnesota 55404

MISSISSIPPI*
Mississippi State Medical Association
735 Riverside Drive
Jackson, Mississippi 39216

MISSOURI**
Missouri Medical Service
5775 Campus Parkway
Hazlewood, Missouri 63042

*Hospital claims handled through local Blue Cross offices.
**Hospital claims handled by Mutual of Omaha.

MONTANA*
Montana Physicians' Service
P. O. Box 1677
Helena, Montana 59601

NEBRASKA**
Nebraska Medical Service
Main P. O. Station
Box 3248
Omaha, Nebraska 68103

NEVADA*
Nevada State Medical Association
3660 Baker Lane
Reno, Nevada 89502

NEW HAMPSHIRE*
New Hampshire-Vermont Physician Service
#2 Pillsbury Street
Concord, New Hampshire 03301

NEW JERSEY*
Medical-Surgical Plan of New Jersey
33 Washington Street
Newark, New Jersey 07102

NEW MEXICO*
New Mexico Blue Cross and Blue Shield, Inc.
12800 Indian School Road, N. E.
Albuquerque, New Mexico 87112

NEW YORK*
United Medical Service, Inc.
2 Park Avenue
New York, New York 10016

NORTH CAROLINA*
North Carolina Blue Cross and Blue Shield, Inc.
P. O. Box 2291
Durham, North Carolina 27702

NORTH DAKOTA**
North Dakota Physicians' Service
301 - 8th Street South
Fargo, North Dakota 58102

OHIO*
Mutual of Omaha Inc. Company
3301 Dodge Street
Omaha, Nebraska 68131

OKLAHOMA**
Oklahoma Physicians Service
P. O. Box 1738
Tulsa, Oklahoma 74102

OREGON*
Oregon Physicians' Service
P. O. Box 1071
Portland, Oregon 97207

PENNSYLVANIA*
Medical Service Association of Pennsylvania
Blue Shield Building, Box 65
Camp Hill, Pennsylvania 17011

PUERTO RICO*
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

RHODE ISLAND*
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

SOUTH CAROLINA**
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

SOUTH DAKOTA**
South Dakota Medical Service, Inc.
711 North Lake Avenue
Sioux Falls, South Dakota 57104

TENNESSEE*
Blue Cross, Blue Shield of Tennessee
801 Pine Street
Chattanooga, Tennessee 37402

TEXAS**
Mutual of Omaha Insurance Company
3301 Dodge Street
Omaha, Nebraska 68131

UTAH*
Blue Shield of Utah
P. O. Box 270
Salt Lake City, Utah 84110

VERMONT*
New Hampshire-Vermont Physicians' Service
#2 Pillsbury Street
Concord, New Hampshire 03301

VIRGINIA
(Excludes Arlington County, Fairfax County & the Cities of Alexandria and Falls Church, which are served by the fiscal agent for District of Columbia)
Blue Shield of Virginia
P. O. Box 27401
Richmond, Virginia 23261

WASHINGTON*
Blue Cross, Washington-Alaska, Inc.
1800 Terry Avenue
Seattle, Washington 98101

WEST VIRGINIA*
Medical-Surgical Care, Inc.
Union Trust Building, Box 1948
Parkersburg, West Virginia 26101

WISCONSIN**
Wisconsin Physicians' Service
P. O. Box 1787
Madison, Wisconsin 53701

WYOMING*
Wyoming Medical Service, Inc.
P. O. Box 2266
Cheyenne, Wyoming 82001

HOSPITAL CONTRACTORS

Normally the civilian hospital used submits the CHAMPUS claim for the hospital's inpatient charges. Most hospitals perform this service under other health plans, so CHAMPUS beneficiaries usually take advantage of it also. Two are CHAMPUS hospital contractors for inpatient care claims, Blue Cross and Mutual of Omaha.

DENTAL CONTRACTOR

Colorado Dental Service, Inc.
1634 Downing Street
Denver, Colorado 80218

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.
Subscription Price: $4.50 domestic per year; $1.25 additional for foreign mailing; 10 cents per single copy.
☆ U.S. GOVERNMENT PRINTING OFFICE 518/350/X-63